

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320  
(916) 322-1584



DATE ISSUED: January 31, 1996  
CMSP LETTER: 96-5

To: All County Medical Services Program (CMSP) County Welfare Directors

Subject: REVISED CMSP NOTICE OF ACTION - DISCONTINUANCE OF  
BENEFITS STATUS REPORT NOT RECEIVED OR NOT COMPLETED  
(FORM CMSP 239 I, ENGLISH AND SPANISH VERSIONS)

This letter transmits two camera ready copies of the revised English and Spanish versions of the CMSP Notice of Action - Discontinuance of Benefits, Status Report Not Received or Not Completed (form 239 I). Counties should use these camera ready masters to produce a prudent supply of these revised forms. Previous revisions of these forms should no longer be used.

If you have any questions about this letter please contact Ms. Genny Fleming of my staff at (916) 327-3867. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Martinez", is written over the typed name.

Jim Martinez, Chief  
County Medical Services Program Unit

Enclosures

cc: Genny Fleming  
County Medical Services Program Unit  
Department of Health Services  
1800 3rd Street, Room 100  
P.O. Box 942732  
Sacramento, Ca 94234-7320